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FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Hodper Lundv Book	nah Pdiitical Action	Cdmmittee		
ADDRESS (number and street)	975 F Street. NW			
(Check if address is changed)	Suite 1050			
	Washington		IDC 120	0 0 4
	Cr	ry	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	HLBPAC@health-l	alwicom		
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address is changed)				
2. DATE 0.8 10 2013				
3. FEC IDENTIFICATION NUMBER				
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Martin Corry				
Signature of Treasurer	Martin (Corry	Date 8	16 2013
NOTE: Submission of false, erroneeus, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further Information contact: Federal Election Commission To "F'e 80	0-424-	FEC FORM 1 (Revised 02/2009)